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|--|---|-------------------------|
| National Institutes of Health National Cancer Institute Return Agent Form | Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program | FOR NCI USE ONLY |
| | | R.D. No.: |
| | | Date Received: |

The drugs listed below were ordered by (one investigator per form only):

Dr. _____ NCI Investigator No.: _____

Address: _____

| | <i>Institution</i> | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> | | | | |
|---|------------------------|---------------|-------------|---|--|--------------|------------------------|-------------|--------|
| | Protocol or IND No. | NSC No. | Agent Name | Strength & Dose Form (Specify vials, capsules, or tablets) | Quantity (Specify vials or bottles) | Manufacturer | Lot No. and Sample No. | Description | Action |
| A | | | | | | | | | |
| B | | | | | | | | | |
| C | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |
| F | | | | | | | | | |
| G | | | | | | | | | |
| H | | | | | | | | | |
| I | | | | | | | | | |
| J | | | | | | | | | |

INSTRUCTIONS: *Return only agents supplied by the National Cancer Institute*

1. Properly complete all sections to receive credit for the return.
2. Remove attached sheets from this form.
3. Type all information-one item or protocol per line.
4. Investigator signature or signature of individual preparing this form:

5. DO NOT mark in shaded area marked FOR NCI USE ONLY.
6. Pack the agent(s) well to minimize breakage and leakage.
7. Enclose the completed list with the agent(s) and return to:

NCI Clinical Repository
McKesson BioServices
627 Lofstrand Lane
Rockville, MD 20850

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|------------------|---------------------|
| 1. Destroy | 3. Quarantine |
| 2. Return to MFR | 4. Return to Sender |

RETURN RECEIPT: To obtain a return receipt, provide the appropriate mailing address in the space below.

| |
|--|
| <div>Signature</div> <div>Date</div> <div>Title</div> <div>Phone No.</div> |
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